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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

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pond to a collection of information	unless it contains a valid OMB control number.
Attorney Docket Number	DB001056-001
First Named Inventor	Broussard et al.
COM	PLETE IF KNOWN
Application Number	10/688,505
Filing Date	17 October 2003
Art Unit	2876
Examiner Name	Not yet assigned

I hereby declare that:			-						
Each inventor's residence, ma	ailing address, a	and citizenship are as s	stated b	elow next to	their name.				
I believe the inventor(s) name which a patent is sought on the			entor(s)) of the subje	ct matter wi	hich is clair	med and for		
AUTOMATED DRUG SUBSTITUTION, VERIFICATION, AND REPORTING SYSTEM									
									
the specification of which		(Title of the Inve	ention)						
is attached hereto									
OR									
was filed on (MM/DD/YYYY) 10/17/2003 as United States Application Number or PCT International									
Application Number 10	0/688,505	and was amended on	ı (MM/C	DD/YYYY)			(if applicable).		
I hereby state that I have revie amended by any amendment	wed and under specifically refe	stand the contents of the rred to above.	he abov	ve identified s	specification	n, including	the claims, as		
I acknowledge the duty to di- continuation-in-part application and the national or PCT intern	ns, material info	ormation which became	e availa	able between					
I hereby claim foreign priority	benefits unde	er 35 U.S.C. 119(a)-(d)) or (f),	or 365(b) of	any foreig	n applicati	on(s) for patent,		
inventor's or plant breeder's ri country other than the United									
application for patent, inventor before that of the application o			s), or a	ny PCT interi	national app	plication ha	iving a filing date		
Prior Foreign Application	Country	Foreign Filing Da		Prio			Copy Attached?		
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[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all stater and belief are believed to be statements and the like so ma false statements may jeopardia	e true; and fur de are punishal	ther that ble by fine	these states	temen onmer	ts were	e made oth, und	with der 18	the kno	owledge that willful false
NAME OF SOLE OR FIRST IN	IVENTOR:		Пар	etition	has be	en filed	d for thi	s unsia	ned inventor
Given Name (first and middle [if any]) Brian				"	Family Name or Surname Broussard				
Inventor's Signature Mian &		m	D						Date 22 May 44
Residence: City	State		•	Cou	ntry			Citize	nship
Lafayette	LA			us				US	, <u>.,,</u>
Mailing Address 309 Leonie Street									
City	State				ZIP				Country
Lafayette	LA				70506	i			US
NAME OF SECOND INVENTO	DR:							n filed t	for this unsigned inventor
Given Name (first and middle [if any]) Samuel L.						amily N പ്ലസ്സമ			
Inventor's Signature									Date
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Pittsburgh	PA			US				US	
Mailing Address 377 Anawanda Ave.		· · · · · · · · · · · · · · · · · · ·		<u> </u>					
City	State				ZIP			Count	ry
Pittsburgh	PA				15228			US	
Additional inventors or a legal re	presentative are bei	ng named on	the 1s	upplem	ental she	et(s) PTC)/SB/02A	or 02LR	attached hereto.

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 ---- of 1

Name of Additional Joint Inventor, if any:		A peti	ition h	nas been filed for this t	unsigned in	ventor	
Given Name (first and middle (if any)		Family Nam	e or §	Surname			
Jeffery		Henry					
Inventor's Signature					Date		
Port Barre Residence: City	LA State		US Cour		us Citizenship		
315 Bayou Drive Mailing Address							
P.O. Box 1295 Mailing Address							
Port Barre	LA	7057		70577 US			
City	State			Zip	Country		
Name of Additional Joint Inventor, if any:		☐ A peti	ition h	nas been filed for this t	unsigned inv	ventor	
Given Name (first and middle (if any)		Family Name or Sumame					
Inventor's Signature		Date					
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Given Name (first and middle (if any)		Family Name or Surname					
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Inventor's Signature		Date					
Residence: City	State			Country		Citizenship	
Mailing Address							
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Art Unit	2876
Examiner Name	Not yet assigned

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I hereby declare that:	•							
Each inventor's residence, ma	ailing address, a	and citizenship are a	s stated b	elow next to	their name.			
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
AUTOMATED DRUG SUBSTITUTION, VERIFICATION, AND REPORTING SYSTEM								
		(Title of the li	nvention)					
the specification of which		•						
is attached hereto								
OR	· ·		_					
was filed on (MM/DD/YYYY) 10/17/2003 as United States Application Number or PCT International								
Application Number 10	/688,505	and was amended	on (MM/E	DD/YYYY)			(if applicable).	
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Additional foreign applicat	lion numbers ar	e listed on a suppler	mental pri	ority data she	eet PTO/SB	/02B attach	ned hereto.	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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Address									-
City				State	9				ZIP
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I hereby declare that all statem and belief are believed to be statements and the like so man false statements may jeopardiz	e true; and furt de are punishat	ther that t ble by fine	these stat or impriso	tement onmen	ts were	e made oth, und	with der 18	the kno	owledge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:	_	Пар	etition	has be	en filed	for thi	s unsig	ned inventor
Given Name (first and middle [if any]) Brian				Family Name or Surname Broussard					
Inventor's Signature								•	Date
Residence: City	State			Cour	ntry			Citize	nship
_afayette	LA			υs				us	
Mailing Address 309 Leonie Street									
City	State	-			ZIP				Country
Lafayette	LA				70506				US
NAME OF SECOND INVENTO	R:							n filed t	for this unsigned inventor
Given Name (first and middle [if any]) Samuel L.						amily Na Bygnar			
Inventor's Signature									Date
Residence: City	State			Cour	ntry	-		Citize	nship
Pittsburgh	PA			US				US	
Mailing Address 377 Anawanda Ave.									
City	State				ZIP	_		Count	ry
Pittsburgh	PA				15228			us	
Additional inventors or a legal rep	presentative are beir	ng named on	the 1s	upplemo	ental shee	et(s) PTC)/SB/02A	or 02LR	attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		A petition	on h	nas been filed for this u	unsigned inv	ventor
Given Name (first and middle (if any)		Family Name	or S	Surname		
Jeffery		Henry				
Inventor's Signature Port Barre	LA State		JS	l C	Date 3	/12/04
Residence: City V// 315 Bayou Drive	State		Coun	itry	Citizenship	
Mailing Address						
P.O. Box 1295 Mailing Address						
Port Barre	LA			70577	US	
City	State	<u> </u>		Zip	Country	
Name of Additional Joint Inventor, if any:		A petition	on h	nas been filed for this u	ınsigned inv	ventor
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Inventor's Signature		Date				
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DB001056-001

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Attorney Docket Number **DECLARATION FOR UTILITY OR** First Named Inventor Broussard et al. **DESIGN** PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted

With Initial

Filing

COMPLETE IF KNOWN 10/688,505 17 October 2003 Submitted after Initial Art Unit 2876 Filing (surcharge (37 CFR 1.16 (e)) **Examiner Name** Not yet assigned required)

I hereby declare that:								
Each inventor's residence, ma	ailing address, a	and citizenship are as	s stated b	elow next to	their name.			
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
AUTOMATED DRUG SUBSTITUTION, VERIFICATION, AND REPORTING SYSTEM								
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Address									
City				State	е				ZIP _.
Country		Telephone				Fax			,
and belief are believed to be statements and the like so made	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST IN	VENTOR:		Пар	etition	has b	een filed	d for thi	s unsia	ned inventor
Given Name (first and middle [if any]) Brian					Family Name or Surname Broussard				inda inventor
Inventor's Signature					•				Date
Residence: City	State			Cou	ntry			Citize	nship
Lafayette	LA			US	us us			us	
Mailing Address 309 Leonie Street									
City	State				ZIP				Country
Lafayette	LA				7050	6			US
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Given Name (first and middle [if any]) Samuel L.						amily N gususana ebiokona			
Inventor's Signature									Date 3/24/64
Residence: City	State			Cou	ntry			Citize	
Pittsburgh	PA			US				us	
Mailing Address 377 Anawanda Ave.									
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DECLARATION	Supplemental Sheet	Page 1 of 1

Name of Additional Joint Inventor, if any:	lame of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)		Family Nam	e or	Surname			
Jeffery	-	Henry					
Inventor's Signature		•			Date	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Port Barre Residence: City	LA State		US Cou	li i	JS Citizenship		
315 Bayou Drive Mailing Address						-	
P.O. Box 1295 Mailing Address							
Port Barre City	LA State			70577 Zip	US Country		
Name of Additional Joint Inventor, if any:		☐ A peti	ition l	has been filed for this u	ınsigned inv	ventor	
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Inventor's Signature		Date .					
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